

39. Not. Of Appt.



North Carolina Sheriffs' Education and Training and Standards Commission
North Carolina Department Of Justice Post Office Drawer 629
Raleigh, North Carolina 27602

Telephone: (919) 779-8213 Fax: (919) 662-4515

Report of Appointment - Form F-4 (revised 02/2014)



INSTRUCTIONS: Please type or print all information clearly. This form shall be completed for each individual irrespective of whether service is to be full-time, part-time, paid, unpaid, regular, reserve, auxiliary, honorary, or special. This appointment must be submitted to the Standards Division no later than 10 days after applicant has been appointed pursuant to 12 NCAC 10B .0403(a). A copy must be maintained in the appointing agency's personnel files.

Appointing Agency VANCE COUNTY SHERIFF'S OFFICE

Address 156 CHURCH STREET, SUITE 004--- HENDERSON, NC Zip Code 27536

Agency or ORI Number NC0910000

Phone Number (252) 738-2200

Appointee's Name: JUSTIN JAMEL WHITE

(First) (Middle) (Last)
Address 6606 CLARKSBURG PLACE-MAILBOX 12, RALEIGH NC Zip Code 27616

Date of Birth 08/15/ Operator's License Number 30643245

Gender: Male ☒ Female ☐

Race: African American ☒ Asian American ☐ Hispanic ☐ Caucasian ☐ Other ☐

Social Security Number ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Deputy Sheriff ☒

Detention Officer ☐

Date of Oath 06/05/2017

Date of Appointment

Part Time ☐ Inactive ☐

Part Time ☐ Inactive ☐

Full Time ☒ Active ☒

Full Time ☐ Active ☐

Section for New Applicants, Probationary Appointees and Lateral Transfers

This section must be completed indicating that the requirements of the administrative code have been met with the necessary forms and documentation having been placed in the applicant's personnel file prior to submitting this application. Original substantiating documentation must be attached.

☒ Oath of Office (Required for Deputy Positions.)

☒ Fingerprint Requirement ☒ Submitted Directly to S.B.I./F.B.I.
☐ Submitted with application

☒ Authorization for Release of Information Form(s)

☒ F -1 Medical History Statement (valid for one year)
(Signed, and dated by Applicant and Licensed Physician, Nurse Practitioner or Physician's Assistant)

☒ F-2 and F-2a Medical Examination Report (valid for one year)
(Signed, and dated by Applicant and Licensed Physician, Nurse Practitioner or Physician's Assistant)

☒ Drug Screen Results (valid for 60 days)

☒ Education Requirement Verified By ☒ Diploma ☐ G.E.D. Report
☒ Transcript ☐ Other

☒ Firearms Qualification [Day/Night Handgun, Shotgun (if authorized), and Combat Course]

Deputy
Scores Enclosed ☒
Unauthorized ☐

Detention Officer
Scores Enclosed ☐
Unauthorized ☐